



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
PO BOX 480, JEFFERSON CITY, MISSOURI 65102
FINANCIAL AID FORM FOR URBAN FLIGHT AND RURAL NEEDS SCHOLARSHIP

INSTRUCTIONS: APPLICANT MUST COMPLETE SECTION I AND HAVE YOUR COLLEGE OR UNIVERSITY FINANCIAL AID OFFICE COMPLETE SECTION II. RETURN THIS FORM WITH YOUR COMPLETED APPLICATION BY APRIL 15.

I. STUDENT APPLICANT

NAME		SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP CODE
DAYTIME PHONE NUMBER			
NAME OF THE APPROVED MISSOURI COLLEGE/UNIVERSITY YOU PLAN TO ATTEND			
SIGNATURE OF APPLICANT (NOTE: YOUR SIGNATURE AUTHORIZES THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION STAFF TO VERIFY YOUR FINANCIAL AID INFORMATION.)		DATE	

II. STUDENT FINANCIAL AID OFFICE OF THE SCHOOL

NAME OF SCHOOL		TELEPHONE NUMBER	
IS THE APPLICANT ENROLLED FULLTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO			
(A) NUMBER OF CREDIT HOURS FOR THE SEMESTER OF ENROLLMENT: _____ AND			
(B) THE AMOUNT OF TUITION FOR THE NUMBER OF CREDIT HOURS: \$ _____			
TOTAL COST OF ATTENDANCE		EXPECTED FAMILY CONTRIBUTION	
TOTAL FINANCIAL AID AWARDED		FINANCIAL NEED (TOTAL COST OF ATTENDANCE MINUS EXPECT FAMILY CONTRIBUTION MINUS TOTAL FINANCIAL AID AWARDED = NEED)	
SIGNATURE OF THE STUDENT FINANCIAL AID ADMINISTRATOR		PRINT OR TYPE NAME AND TITLE DATE	